



WMU Procurement Card Maintenance Form

Send completed form directly to acnt-procard@wmich.edu

Accountholder Name: _____ Date: _____

Department: _____ Last Four Digits of Credit Card #:

Type of Request (check all that apply)

A. CANCEL CARD ACCOUNT (a new Application form must be submitted to obtain a new card)

B. CHANGE DEFAULT CHARTFIELD STRING

From: _____ - _____ - _____ - _____
College Code Fund Cost Center Object Code

To: _____ - _____ - _____ - _____
College Code Fund Cost Center Object Code

C. CHANGE CREDIT LIMIT

Monthly Credit Limit

Single Transaction Limit

From: \$ _____ To: \$ _____ From: \$ _____ To: \$ _____

Business Reason for increase: _____

Is this a permanent change? [] Is this a temporary change? [] If so for how long? _____

D. UPDATE CARD SECONDARIES (individuals with the ability to approve transactions/run reports)

Add Name: _____ WIN # _____

Email: _____

Remove Name: _____

Add Name: _____ WIN # _____

Email: _____

Remove Name: _____

E. CHANGE CARDHOLDER PHONE NUMBER

From: _____ To: _____

F. OTHER (please specify): _____

Accountholder Signature: _____

Bus Mgr. /Dept. Head Signature: _____

----- Accounts Payable Use Only -----

Completed by _____ Date Completed: _____